

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

RECEIVED

SEP 28 2003

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

03-008

2. STATE  
IDAHO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

August 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 438

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 0  
b. FFY 2004 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 9  
Page 77  
Page 78a  
Attachment 2.2-A, Pages 10 & 10a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Page 9  
Page 77  
Page 78a  
Attachment 2.2-A, Pages 10 & 10a

Idaho (03-008)  
Approved: 10/25/03  
Effective: 08/01/03

10. SUBJECT OF AMENDMENT:

Balanced Budget Act compliance

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Karl B. Kurtz*

13. TYPED NAME:

KARL B. KURTZ

14. TITLE:

Director

15. DATE SUBMITTED:

9/25/03

16. RETURN TO:

David A. Rogers, Administrator  
Idaho Department of Health and Welfare  
Division of Medicaid  
PO Box 83720  
Boise ID 83720-0036

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

SEP 29 2003

18. DATE APPROVED:

OCT 28 2003

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

AUG - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

151

21. TYPED NAME:

Karen S. O'Connor

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Division of Medicaid &  
Children's Health

9/26/03 BOISE  
DATE

State: IDAHO

Agency*	Citation(s)	Groups Covered
1903(m)(2)(F) of the Act P.L. 98-369 (section 2364), P.L. 99-272 (section 9517) P.L. 101-508 (section 4732) <u>1932(a)(4) of Act</u>	B.	<p><u>Optional Groups Other Than Medically Needy</u> (continued)</p> <p>The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of <del>certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d),</del> <u>MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56 434.27.</u></p> <p>This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.</p> <p>_____ Disenrollment rights are restricted for a period of _____ months (not to exceed <del>6</del> <u>12</u> months).</p> <p>During the first <u>three</u> months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least <del>twice</del> <u>once</u> per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.</p> <p><u>X</u> No restrictions upon disenrollment rights.</p>
1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 <u>42 CFR 438.56(g)</u>		<p>In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an <del>entity having a contract under section 1903(m)</del> <u>MCO, PIHP, PAHP, or PCCM</u> when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.</p> <p><u>X</u> The agency elects to reenroll the above individuals who are eligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.</p> <p>_____ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.</p>

\* Agency that determines eligibility for coverage.

New: HCFA-PM-99-3  
JUNE 1999

State: IDAHO

Citation

1902(a)(4)(C) of the  
Social Security Act  
P.L. 105-33

4.29 Conflict of Interest Provisions

The Medicaid agency meets the requirements of Section 1902(a)(4)(C) of the Act concerning the Prohibition against acts, with respect to any activity Under the plan, that is prohibited by section 207 or 208 of title 18, United States Code.

1902(a)(4)(D) of the  
Social Security Act  
P.L. 105-33  
1932(d)(3)  
42 CFR 438.58

The Medicaid agency meets the requirements of 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

TN # 03-008  
Supersedes TN # 99-009

Effective Date AUG - 1 2003  
Approval Date 2-2-2003

78a

*Excluded Entities/Prohibited Affiliations*

Revision: HCFA-AT-87-14 (BERC)  
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: IDAHO

Citation

(b) The Medicaid agency meets the requirements of –

1902(p) of the Act

(1) Section 1902(p) of the Act by excluding from participation—

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

42 CFR 438.808

(B) An ~~HMO~~ MCO (as defined in section 1903(m) of the Act), or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that –

- (i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or
- (ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

1932(d)(1)

42 CFR 438.610

(2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438.610(b)) suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance the State will comply with the requirements of 42 CFR 438.610(c)

TN # 03-008  
Supersedes TN # 88-2

Effective Date NOV - 1 2003  
Approval Date NOV 2 2003

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

(Continued)

42 CFR 435.212 & 1902(e)(2) of the Act, P.L. 99-272 (section 9517) P.L. 101-508(section 4732)	[ ] 3.	The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, <del>or an entity described in section 1903(m)(2)(B)(iii), (E), or (G) or 1903(m)(6) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act or a managed care organization (MCO), or a primary care case management (PCCM) program,</del> but who have been enrolled in the <del>HMO or</del> entity for less than the minimum enrollment period listed below. <del>The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a).</del> Coverage under this section is limited to <u>HMO MCO or PCCM</u> services and family planning services described in section 1905(a)(4)(C) of the Act.
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X The State elects not to guarantee eligibility.

\_\_\_\_\_ The State elects to guarantee eligibility. The minimum enrollment period is     months (not to exceed six).

The State measures the minimum enrollment period from:

- [ ] The date beginning the period of enrollment in the ~~HMO or other entity~~ MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.
- [ ] The date beginning the period of enrollment in the ~~HMO~~ MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.
- [ ] The date beginning the last period of enrollment in the ~~HMO~~ MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

\*Agency that determines eligibility for coverage.

TN # 03-008  
 Supersedes TN # 01-24

Effective Date AUG - 1 2003  
 Approval Date OCT 25

*Medical Care Advisory Committee*

9

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State: IDAHO

Citation 1.4 State Medical Care Advisory Committee  
42 CFR  
431.12(b) There is an advisory committee to the Medicaid  
AT-78-90 Services established in accordance with and  
Meeting all the requirements of 42 CFR 431.12.

42 CFR X The State enrolls recipients in MCO, PIHP, PAHP, and/or  
438.104 PCCM programs. The State assures that it complies with 42 CFR  
438.104(c) to consult with the Medical Care Advisory Committee in the  
review of marketing materials.

TN # 03-008  
Supersedes TN # 74-27

Effective Date AUG - 1 2003  
Approval Date OCT 28 2003